

COVER PAGE



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INTRODUCTION

WHO WE ARE

Canadian Doctors for Protection from Guns Canadian Doctors for Protection from Guns (CDPG) is a non-profit organization concerned about the increasing public health impact of firearms. We represent physicians working in collaboration with nurses, paramedics, rehabilitation specialists, psychologists, researchers and other frontline health care professionals. We have all witnessed first-hand the emotional and physical trauma and devastation caused by guns. CDPG calls for a comprehensive public policy response to this crisis in our communities, including preventative tools to reduce gun use and their consequences on youth violence, domestic abuse, and suicide.

ENDORSEMENTS

The College of Family Physicians of Canada

Canadian Association of General Surgeons
Canadian Association of Emergency Physicians
Ontario Medical Association
Trauma Association of Canada
Canadian Critical Care Society
Canadian Anesthesiologists' Society
Canadian Neurosurgical Society
Jeunes médecins pour la santé publique
Canadian Federation of Nurses Unions
Canadian Nurses Association
Federation of Medical Women in Canada
Canadian Society of Otolaryngology Head and Neck Surgery
Canadian Psychiatric Association
BC Nurses' Union
Canadian Association of Thoracic Surgeons

We also welcome the support of:

National Council of Women of Canada
Canadian Federation of University Women
Women's Legal Education & Action Fund (LEAF)

FOR MORE INFORMATION

Website: <http://www.doctorsforprotectionfromguns.ca/>

Twitter: @Docs4GunControl

WHY ADVOCATE

“When treating a gunshot wound, trauma surgeons follow the trajectory of a bullet through the body and attempt to reverse its effects, treating haemorrhage, suturing together what it divided and restoring normal anatomy To prevent gun violence, the trajectory can and must be traced back further: to the muzzle of the gun, the magazine which held the bullet, the finger that pulled the trigger, the hands that bought and sold the weapon and to the corporation that manufactured it. Bullets not only reverberate through patients’ bodies, but also through our society, causing incalculable trauma beyond tissue, blood vessels and organs. They destroy the psyche of families and the fabric of communities ... even with the best tools and training, no surgeon can fix. As witness to these harms, physicians are uniquely positioned to advocate for the prevention of firearm injury.”

These are the final paragraphs from Ng-Kamstra and Lajoie’s 2020 BMJ Injury Prevention paper detailing the origin story of Canadian Doctors for Protection from Guns. Physicians have had a long history advocating for the health and safety of the populations that we serve. Physicians have advocated for safety labeling on tobacco products, seat belt laws, safer workplaces, climate change policy, vaccination, gun safety legislation, and physicians world-wide advocated

loudly with public officials for evidence-based harm reduction strategies to limit the spread of COVID-19.

The Royal College of Physicians and Surgeons of Canada identify Health Advocate as one of the CanMEDS principles. Too often, physicians lack the necessary tools to communicate effectively with decision makers in order to translate relevant clinical knowledge into public policy. The approach, language and lens of decision making in clinical medicine differs vastly from those of public health policy and legislation to support public health policy. Furthermore, physicians lack the effective tools and training to engage in system level physician advocacy to support evidence informed legislation in relevant areas.

We believe this toolkit will help build physician competence in advocacy for informed, system level change that can improve the health outcomes of at-risk populations for many numerous public health initiatives. It provides essential resources for understanding how policy decisions are made and outlines a framework for strategic communication with key public and policy stakeholders, a strategy for effective media relations, offers an approach to coalition building, and supplies writing materials for a public audience.

Advocacy is our responsibility as physicians and duty as citizens.

On behalf of Canadian Doctors for Protection from Guns, I hope this tool kit is helpful to you, and we look forward to learning about your advocacy in the future.

Dr. Najma Ahmed
Co-founder, Canadian Doctors for Protection from Guns

GETTING STARTED – BRAINSTORMING WORKSHEET

DEFINING SUCCESS

Before you begin your advocacy work, it is important to have a solid foundation and understanding of your public health initiative and why it is important to you and your community. The worksheet below is an exercise to help you answer the necessary introductory questions regarding your initiative and to help draw out where you are knowledgeable and where you might have gaps. You may not know all the answers now, but further chapters in the toolkit will provide you with guidance, and you can return to this worksheet as you progress through the toolkit and learn more about advocacy as a physician.

Background

1. What is the issue that you want to advocate for?

2. Why do you care about this issue?

3. What caused this issue and why does it continue to persist?

4. What are the consequences of this issue and who does the issue impact?

5. What data/research is there around your issue?

6. What are specific government legislation or policies related to this issue?

Canadian Laws Acts and Regulations: <https://laws-lois.justice.gc.ca/Search/Search.aspx>

Sources that may help you:

Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/a-z.html>

Canadian Public Health Association: <https://www.cpha.ca/>

World Health Organization: <https://www.who.int/health-topics/>

Current Status

7. Who are the main stakeholders involved in this issue (advocacy group, government, business, schools, community, media) and what are they saying/ doing about it?

8. What is the medical field's/CMA's stance on this issue and how are they currently involved?

CMA and Health Advocacy: <https://www.cma.ca/health-advocacy>

9. What are potential solutions that have been proposed? What are the drawbacks to these solutions?

10. Is there a significant media/social media presence regarding this issue?

Reflect on what you have or have not seen on social media platforms as well as television and news stations. Is this advertised in your place of work?

Advocacy Proposal

11. What do you want changed about this issue?

12. What is your main message on this issue?

13. Who is your target audience?

14. What strategies and tools do you end to take to support your advocacy?

OR

IDENTIFYING YOUR GOAL AND DEFINING SUCCESS

Have a **SMART** goal: Specific/Significant, Measurable/Meaningful, Attainable/Action-Oriented, Relevant/Rewarding, Time-bound/Trackable.

CDPG Example:

Specific/Significant: Reduce firearm-related deaths in Canada

Measurable/Meaningful: Reduction in the number of deaths caused by firearms

Attainable/Action-Oriented: Using advocacy tools to persuade the government into creating stricter gun laws

Relevant/Rewarding: Reduce preventable deaths, alleviate burden on medical care system and workers

Time-bound/Trackable: Aiming to see a decline in mortality, injury, and hospital admission due to firearms over the next 10 years

More on SMART Goals: <https://www.mindtools.com/pages/article/smart-goals.htm>

1. Identify your short term and long-term goals. Assess who is involved in this process and what resources are involved.

2. What needs to be accomplished in order for your advocacy to be deemed a success?

3. How can you track the progress of your goals?

4. How reliable and realistic is your plan to achieve your goal? Do you have the resources to do so?

5. What is your time-frame? When do you aim to meet your short term and long-term goals?

CANADIAN DOCTORS FOR PROTECTION FROM GUNS – APPROACH TO COMMUNICATIONS

Our organization’s approach to advocacy is described below to help inform and aid your efforts.

Strategic pillars

Our credibility depends on our ability to effectively translate CDPG’s care for public well-being, authority on the public health impacts of guns, and sense of urgency to enact comprehensive change. We rely on several pillars to help us deliver our message:

- **Engaging in thoughtful commentary delivered in a serious and respectful tone.** There is no advantage to be gained by participating in a shouting match with people or groups with opposing views. One flippant tweet can undermine the movement quickly, and that is exactly the goal opponents of our advocacy will seek.
- **Using clear, consistent messaging that reflects our purpose and follows our strategy.** Gun control is a very broad, complex issue. So is public health. CDPG uses our expertise in the latter to frame our advocacy.
- **Basing our work in professional observation, compassion, and relevant, selective, evidence-based research.** We identify, draw on, and update our key reference points

regularly. It is more effective to frequently invoke specific statistics or findings that powerfully underscore our arguments than to rely on broad assertions of supporting research (even though true).

- **Fostering a community passionate about our cause.** The gun lobby is effective because they have a community of support who are fiercely protective of their private interest. CDPG aspires to collaborate with health professionals and allies who are heavily invested in protecting public safety and well-being.

Don'ts:	<ul style="list-style-type: none"> ● Don't speculate ("Imagine a world without guns...") ● Don't answer hypothetical questions ("What if this proposed legislation does not pass?") ● Don't use jargon, especially when it comes to medical issues
Do's:	<ul style="list-style-type: none"> ● Do speak about deaths, injuries, and people living with the traumatic effects of guns – not just deaths ● Do speak of "we", "our coalition" when advancing main points. Use "I" to personalize examples ● (If asked) Do distinguish between individuals who may lawfully use guns and the public health evidence supporting risks posed to individuals and the community by guns and the need for change.

Key messages

- Gun injuries and death are a growing public health crisis in Canada – but a wholly preventable one.
- As medical professionals who witness the devastating consequences of guns, we have an interest and duty to protect public health and well-being and speak out loudly about it.
- This devastation affects communities throughout the country, from large urban centres to small towns to rural communities.
- Guns result in homicides, injuries, domestic abuse, suicide, and accidental shootings. But gun deaths are not always high profile, and they do not have to result in death to destroy lives; the physical and psychological scars on victims, families, and communities far outlast the initial gunshot.
- Widespread research supports our professional observations and proposals.
 - Canada has the 5th highest firearm mortality rate among 23 OECD countries. (Annals of Surgery – N. Yancher, 2018)
 - Women and girls are particularly vulnerable – shooting was the most common method of their killing in 2018 at 34% (Femicide report, 2019)
 - There is an increased risk of suicide when guns are accessible (CPS statement, 2018)
 - Strict gun control laws = fewer gun-related deaths (Annals of Surgery – N. Yancher, 2018)
 - Canada's firearm mortality rate is 8 times that of the UK, Australia, Japan, and the Netherlands, all countries where strict gun control legislation exists – JAMA, 2018

- With reason, compassion, and courage, we can make our families and communities safer.

Question to be prepared for (from media, government, or general public)

1. Who is Canadian Doctors for Protection from Guns?

We are a coalition of doctors collaborating with nurses, paramedics, psychologists, rehabilitation specialists and other health workers from across the country who have first-hand experience treating the very severe health consequences of guns. Our knowledge and our advocacy stems from the experiences we have with the victims of guns. We have operated on children dying from an accidental gunshot. Our members and supporters have held the hands of domestic violence victims shot by their abuser. We are on the frontlines of responding to mass shootings. We have counseled the families of people who have taken their own life by gun. We are coming together to call for a comprehensive public policy response to this growing public health crisis. It is time to reframe the public debate on guns and call for comprehensive action.

2. Some people, especially in rural Canada, consider guns a Canadian tradition, using them for hunting or on the farm. What do you say to those people who say, “I know what I am doing with my gun, I am careful, just leave me alone”?

We respect there are Canadians who use guns as tools, in hunting for example, and follow the applicable laws. In fact, we count hunters among our members and supporters. But the Canadian experience of guns is very different than the American experience. Our traditions are peace and the welfare of citizens. Our organization is looking at this issue through a public health lens. People are being injured and killed because of guns and there are severe consequences to families and communities. The research is clear that availability and access to firearms increases homicide, suicide, and injury. Firearm death and injury is a country-wide issue. We have to treat guns the way we would treat other public health issues, such as smoking or road safety. This requires a comprehensive public policy response, one that respects all Canadian but puts the emphasis on public health, safety, and well being.

3. What are your plans? What are you advocating for?

We are calling for comprehensive public policy action to respond to this crisis, including a ban on handguns and assault weapons, an effective “red flag law”, funding for a Canadian firearms violence research centre, and measures to address social determinants. We also support efforts to reduce the smuggling of guns into the country.

4. Isn't gun crime mostly just a criminal gangs issue?

No. The reality is that, according to information from Statistics Canada, the per capita rate of gun death in small and rural communities is higher than in large urban centres. Yet every death by a gun is a preventable tragedy. The contexts around deaths by gun may be different, which is why we need a comprehensive public policy approach, one that considers the role of societal determinants such as poverty, mental illness, racial discrimination, and social isolation.

5. Opponents of gun control have been quite fierce in their attacks, what message does that send?

It is true that the organized gun lobby has launched negative, personal, and professional attacks against our members. We have denounced them and have welcomed the strong solidarity offered by Canadians. However, our focus is on communicating the medical evidence around the impact of guns on communities and advocating for both a shift in the discourse and comprehensive policy reform.

PUBLIC RELATIONS

Getting involved with the media, whether traditional or social, yields many benefits. It allows you to create a network that can creatively promote your cause to various people. It also creates a reliable, consistent stream of publicity for your agency's issues and activities. This not only motivates other people to get involved, gaining more support and potential for new ideas, but also puts pressure on politicians and policymakers to change or institute policies for your cause. This section of the toolkit will guide you through using the maximum potential of media, such as building relationships and maximizing outreach, and provide templates to use for your own purposes.

This section is organized into two categories: how to advocate your cause with traditional media (ex. Newspapers, interviews, news programs, journalists) and social media (ex. Using facebook, twitter, instagram, etc.). At the end of each section, customizable templates and additional resources are listed for you to use to pursue further research/to use at your own discretion. There are also worksheets available to help narrow down your goals and ensure you use the media to your advantage.

Before we begin, it is important to have a clear focus of what your goals are so you can narrow down your target audience and create an effective campaign. Please make sure to fill out the "Advocacy Proposal Worksheet" to help guide you with this!

Traditional Media Outreach

When Should You Reach Out?

In any situation, make sure you have a clear indication of your objectives and are properly equipped to interact with the media. This could involve designating a media coordinator or coordinator group who act as representatives to the media. You must ensure to provide reliable contact information and that you are present correct and accurate data. The following information is a guide of when to reach out to media, sourced from the [Community Tool Box](#).

- During the announcement of a new project. For example, you may want to recruit more funders to your organization, and publicity given to your agency's new initiative is a good way to alert the public to your plans and needs (ex. Reducing the sale of cigarettes to teens)
- When you have information that can be tied to community news.

- When your issue has reached crisis proportions, but few people are aware of it. For example, workers may be abused in a specific industry, but the situation can be invisible to most of the population unless the media reports it.
- When a media opportunity makes the difference between the adoption or rejection of a law or regulation you support or disagree with.
- When you've achieved something important. The media can help you let the community know about the great work you're doing and how it benefits everyone.

Primary Methods

There are various mediums used to grab the public's attention. The following list is summarized from the [Community Tool Box](#)

- [News media](#) - placing interviews and stories in television, newspaper, and radio
 - Advantage: provide the broadest and most in-depth coverage of your organization
 - Disadvantage: attention span of the media is short, and there is a large competition with other information
- [Press releases](#) - one page write-ups that inform the media about your organization's news
 - Advantage: Let you control what you want to say and when
 - Disadvantage: Media outlets may or may not use them, and it seldom results in a big story
- [Paid advertisements](#) –
 - Advantages: allows for creativity and control (ex. Choosing the media outlets, wording, style)
 - Disadvantage: Expensive, especially on TV
- *Media Advisory* - used to invite reporters to cover an event such as a press conference or rally (see template below)
 - Advantages: alerts media of upcoming events
 - Disadvantage: must be brief and concise to capture their attention
- *Letter to the Editor* - written for publication to help shape public opinion or inform the public about a certain issue (see template below)
 - Advantage: allows you to reach a large audience
 - Disadvantage: not guaranteed that you letter will be published

Contacting the Media

Who to contact?

It is essential you contact the right news outlet or reporter that will promote your cause. You must consider which publication or medium fits your cause better, for example, a health web magazine will be interested in an anti-lung cancer initiative. If you are failing to catch the attention of national media or bigger news outlets, do not despair! Start in small communities, where newspapers will often print something of community interest. They are always looking for local news and a fresh angle.

Essentially, you want to contact people who not only have the decision power to approve of your story, but also who care about the cause you are advocating for. In all your interactions, do not get annoyed about not getting the response you want. Stay positive and keep emailing!

How to contact?

Contacting the media is a lot more straightforward than you may believe. Many media outlets have contact information or submission forms easily accessible on their website, usually located at the bottom of the page. You can contact them through any method (ex. Email, call, etc.). what is most important is ensuring that you can 'sell' your idea. You must convince the reporter that your cause is something people will care about, and this is best achieved by being prepared and presenting an angle that explores the human aspect. When pitching your cause, show the reporter that you have knowledge about this topic (ex. providing statistics).

When planning your pitch, the most important question to constantly ask yourself is "So what?". Assume that people are constantly asking "So what?" while reading a story on your work to ensure you attach a sense of purpose to what you want published or aired. The best way to answer that is presenting human interest in your story, as it offers something that people can relate to. A template for writing a pitch to a journalist can be found below!

Keeping Professional Relationships

An overlooked aspect of contacting the media is keeping professional relationships and establishing a personal contact with at least one of the people at any media outlet. Having a personal contact means that there's a specific person to talk to whenever you call or e-mail, allowing you to develop a media connection with that person.

If a reporter is interested in your pitch, answer any questions promptly and clearly to maintain professionalism. If a reporter asks who else you pitched it to, be honest by replying that you have contacted other news outlets but heard back from them first. Make sure to emphasize how you believe your cause is very important and under-covered.

Templates

Media advisory

As mentioned earlier, a media advisory is used to invite reporters to cover an event such as a press conference or rally. When writing a media advisory, your goal is to make the event sound interesting in a concise format, about 1 page long. Ensure to cover all 5 W's (who, what, where, when, and why) so that the journalist has all the appropriate information. Send out the advisory one or two days ahead of the event.

MEDIA ADVISORY TEMPLATE

For more information, contact:

Month, Day, Year

Full name

Cell #

Email

LONG TITLE THAT BRIEFLY COVERS WHO, WHAT, WHERE, AND WHEN

One-line subtitle that can be used for additional context or grabbing attention

CITY, PROVINCE - catch the reporter's attention in the first paragraph, and provide enough context for the reporter to understand the importance of the issue. Include critical details, such as what will be covered at the event, who the notable speakers are, and why the event is significant (remember, include the human interest!)

What: Name of event

Who: Name, role, and organization of speakers or important attendees

When: Date and time

Where: Location and address

Why: What is the purpose of your rally/announcement/forum? (ex. Protesting a policy, advocating for a certain cause)

##

(This indicates the end of the media advisory)

With this formatting (centered and italics), include a general description of the organization or coalition following the conclusion of the media advisory. Keep it at 1 paragraph and perhaps include a website where reporters can find more information.

LETTER TO THE EDITOR TEMPLATE

Check with the newspaper to see if there is a word count. If there is no word count, keep it to 250 for conciseness. Keep it authentic and personal.

Title (relevant to the topic being discussed)

Paragraph 1: Make it clear if you are responding to an article. Put your most important points in the first paragraph, as editors will edit posts from bottom up.

Paragraphs 2: Write passionately about your topic, using local statistics and personal stories to better illustrate your point (if applicable).

Paragraph 3: Conclusion sentences to wrap your comments up, preferably ending with a call to action. A bold, final statement can capture attention and gain support from readers.

Sincerely,

Name

Contact information (email or phone number)

Writing your Pitch

After you have selected the relevant media outlet to reach out to tell your story, it is time to write a pitch note to a reporter. Since journalists receive thousands of pitches per day, it is important you keep your pitch concise and interesting. Read some articles of the reporter you are pitching to before you begin, as showing knowledge of their previous work will increase their interest.

Subject Line:

- Suitable angles include the timeliness of the item, the extent of human interest, how unusual it is, the impact, conflict, controversy, well-known person or expert involved or a solution to a problem
- Avoid using words associated with marketing hype (ex. Fascinating, exceptional) or subject lines that look like spam.

Body Paragraph:

- Most important part is to get straight to the point
- Use conversational, personalized writing
- Use the first 2-3 sentences to explain what you are pitching, specifically, what is the key point you want to make?
- Establish a connection by bringing up one of their past articles to demonstrate your genuine interest

Concluding Sentence:

- End with a clear call to action
- Don't ask *if* they are available to chat, but *when*
 - Ex. Instead of saying "Let me know when you are available", say "Are you available Wednesday or Thursday between 10 and noon?"

Look forward to chatting with you,

Name

Contact information for your organization (i.e. website, phone number)

Social Media Outreach

After clearly identifying your goals and determining the target market, social media is one of the most effective ways to jumpstart your advocacy campaign on the internet. With the correct content and use of resources, social media has an explosive outreach that can help connect your cause to hundreds of people.

Getting Started

The first step to gaining a social media presence is choosing one social networking service as your main hub. Usually, this is a website or a Facebook page. This will act as your primary

source for all the information associated with your advocacy campaign, where supporters can refer to for updated materials. Next, it is important to create a framework of your social media objectives by making a content plan or calendar. The calendar will include timing of posts and key dates for desired outcomes (ex. 50 followers on Instagram by December 15th, 100 Likes on Facebook page, etc.). This will contribute to accountability and ensure you stay on top of your outreach goals.

Once completed, you can start creating other accounts to amplify your social media presence and gain support. To understand which social networking services best serve the goals of your advocacy campaign, please refer to the last section of this chapter. Regardless of the platforms you may use, it is important to maintain an authentic presence. Try to avoid spamming your supporters with the same content across each social media app. Instead, use each characteristic app for its purpose to share key information. For example, posting an event on your Facebook page and tweeting about the upcoming event, specifically telling followers to check out your Facebook page for more information.

Building Followers

Each social networking service has its own unique tips and tricks, but some universal suggestions include:

- Posting frequently
 - Social media platform analytics can be useful in determining how the time of day impacts engagement with your posts. Analytics can be easily seen from your profile settings
 - Evening and weekend posts tend to have high engagement, as that is a time when many people are naturally on social media
- “Like” or “follow” the pages and accounts of related organizations, as well as relevant, city, provincial, and federal government offices
 - Boosting the content of advocacy organizations you support rather than only creating your own content saves you time and energy that can be invested elsewhere
- When you see someone “like” your social media post, either invite them to follow your page (i.e. Facebook) or simply follow them (i.e. Instagram and Twitter)
- Engage with comments and promptly respond to them

Types of Social Media

Facebook

- Offers free social impact [courses](#) that help with building your advocacy campaign through lessons on marketing, building relationships, and more.
- Has a “group platform” that many organizations use to communicate with other group members or grow support for a certain movement
- Can post status updates, web links, announcements, photos, documents, etc.

- Has a similar hashtag system to Twitter, allowing you to create or join a movement involving certain subject matter
- Has more active users than any other platform.

Twitter

- Tweets can contain 280 characters, even with visual content like images and GIFS
- Can tweet at (@) people/groups or use hashtags (#) to create or join a movement referencing certain subject matter and follow other people/groups to get different viewpoints
 - An example tweet about praising a hypothetical environmental policy passed by Prime Minister Justin Trudeau would look like this: “Great environmental policy introduced by @JustinTrudeau that ensure we keep our planet healthy and happy #EcoFriendly #Environmental”
- Can retweet the posts of others to share the idea or news with your followers
- The more often you tweet and explore on Twitter, the more your follower base and subject matter will grow—getting your word out to a greater volume of people

Instagram

- Best for reaching out to millennials
- Can't provide too much information, but allows you to give followers a snippet and then refer them to a link in your biography that leads them to a Facebook page or blog post
- Static photos posts allow you to feature one photo or a collage of photos that document photo-worthy moments on your campaign and to update your following
- Stories can be decorated with captions, GIFs, emojis, and more to document live events or feature other content
 - Used to feature specific things that happen over a day that might not necessarily be for a photo
 - Expires after 24 hours but can be archived for followers to view it after
- Live Video is a feature similar to Facebook that gives your followers a notification when you're broadcasting a video and they can join and engage with your content
 - Used to pose questions or interview influencers associated with your cause

RESOURCES/TOOLS:

- <https://ctb.ku.edu/en/table-of-contents/advocacy/media-advocacy/working-with-media/main>
- <https://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/electronic-advocacy/main>
- <https://www.eff.org/electronic-frontier-alliance/media-tips>
- http://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/FoodARC_SocialMediaTool.pdf
- <https://www.pta.org/home/advocacy/advocacy-resources/Advocacy-Toolkit/Working-with-the-Media>
- http://www.scra27.org/files/9914/1763/0204/SCRA_Webinar_3.SocialMedia_BuildingCommunity.TenbyKuo.pdf

ADVOCATING WITHIN THE CMA

Whether long-standing or emerging, issues in Canada's healthcare can be advocated for through engaging colleagues and formal membership associations. These spaces will amplify the perspectives of healthcare providers to inform and engage on policy level resolutions. The Canadian Medical Association (CMA) is one avenue through which physicians can unite to shape advice on managing health issues. In addition to organizing webinars, conferences, and arranging to speak on panels, physicians can engage with formal policy advocacy with the CMA. As a physician or physician-in-training, you can submit your member health policy proposal to help clarify your position, while ensuring that it aligns with [CMA strategic objectives](#).

1. Complete member health policy proposal form located at <https://www.cma.ca/member-health-policy-proposals>
2. Include relevant information such as ways in which your proposal aligns with CMA priorities
3. List 10 other members who support it

Example: CDPG revision of CMA's Firearms Control policy

The CMA's community engagement platform is a space to get involved and collaborate with physicians, patients, and other medical professionals who share a desire to make a difference. The engagement platform was used to obtain physician input on key policy concepts for the update of CMA's Firearms Control policy. Helpful input was received by over 200 physicians that was used in developing a revised draft policy. Below is a summary of firearms control policy. See full proposal [here](#).

CHANGING POLICY AND INFLUENCING THE GOVERNMENT

To advocate for changes in public policy, you may seek to change how government responds to an issue by seeking a new regulation, funding through its annual budget, or the creation of a new law. Below is important background on how our laws are made and the opportunities to influence them. Note: while the process is fairly standard throughout Canada at the provincial and territorial level. Municipalities have a different approach for creating by-laws in their jurisdictions. What follows is the federal government process.

HOW DOES A BILL BECOME A LAW IN CANADA?

Before a law is put into place, it must be first introduced as a bill in either the Senate or House of Commons, more commonly the latter. The Senate is considered the upper chamber, and is composed of Senators that are appointed by the Governor General at the recommendation of the Prime Minister. The House of Commons is the lower chamber and houses 338 Members of

Parliament (MP's) that are elected by their constituency. Depending on the origin of the bill's introduction, it will be assigned a letter and number (C for Commons and S for Senate). In order for the bill to become law it must be approved by the Senate and House of Commons through an identical and rigorous process before receiving Royal Assent to become law.

OVERVIEW

The bill is submitted to either the House of Commons or Senate and assigned a name (C/S-#).

First Reading

- Chamber members receives copies of the bill and allow them to orient to the issues being presented

Second Reading

- The bill is debated in broad terms
- A vote is conducted to determine if it shall proceed for further review

Committee Stage

- The bill is discussed and analyzed in detail
- Amendments to the bill may be made
- Experts and those directly involved with the bill are invited to come and discuss the bill and provide their insights on the issue at hand in public hearings. Anyone can request to speak at a committee hearing, and anyone can provide a written comment.
- A final committee report of the bill is established, including any amendments that may have been introduced

Committee Report Stage

- The entire chamber considers the committee report and its amendments
- Further amendments may be proposed, and are debated on

Third Reading

- Further amendments can be proposed and a vote is conducted on the bill and its amendments

The bill must be voted on and passed in an identical fashion in both the Senate and House of Commons. Therefore if any amendments are made in either chamber, both chambers need to continually discuss the bill and any of its changes until they both agree on the bill and any amendments. Once the final version of the bill has been voted on and passed in both chambers the bill may proceed to Royal Assent which is granted by the Governor General in either a traditional ceremony or written declaration procedure.

References

<https://sencanada.ca/en/about/publications/how-a-bill-becomes-law/e>

https://www.ourcommons.ca/About/OurProcedure/LegislativeProcess/c_g_legislativeprocess-e.htm

<https://www.ourcommons.ca/marleaumontpetit/DocumentViewer.aspx?Sec=Ch16&Seq=4&Language=E>

<https://www.ola.org/sites/default/files/common/how-bills-become-law-en.pdf>

https://lop.parl.ca/about/parliament/education/ourcountryourparliament/html_booklet/process-passing-bill-e.html

<https://www.parl.ca/legisinfo/Faq.aspx?Language=E#ID0EG>

TRACKING LEGISLATION

To track the progress of a certain bill through its journey through the Senate and House of Commons you can access *LEGISinfo*

(<https://www.parl.ca/legisinfo/AboutLegisInfo.aspx?Language=E>). This tool allows you to access the status of a certain bill through the chambers, and all versions of the bills and amendments as they pass through the stages of legislation. It also includes information regarding votes it has received (and by whom), major speeches given at second reading and government press releases and backgrounders.

This tool is useful to identify Senators and MPs who are supportive of certain legislation. This allows you as an advocate to hold your representatives accountable for their record of action on certain issues that may be of interest to your cause. It is also important to be aware of the most up to date form of legislation as the final bill that receives Royal Assent may look significantly different from what was originally presented in the First Reading.

HOW CAN I CONTACT THE GOVERNMENT?

Government plays a significant role in enabling change regarding many issues at hand. As part of your advocacy, one mode of action includes communicating with the government. Ensuring the government is aware of your issue at hand and that they are held accountable for any actions taken regarding the issue is a significant step that one can take to advocate for a cause on a large stage.

MP's are elected officials, and as such are to represent their constituents. They are available to be contacted by their constituents in order to know the concerns of whom they represent and what they are expected to do in their political position. Therefore MP's are expected to receive contact from the public through written letters, phone calls, and meetings. Contacting MPs is a great opportunity for you to build a relationship within the government and so it is important to ensure your initial dialogue is well thought out.

The following are the official websites for Members of Parliament and Senators. All current Senators and MPs are listed with contact information including their phone number, fax number and email address.

MPs: <https://www.ourcommons.ca/members/en/search?view=list>

House of Parliament Committees: <https://www.ourcommons.ca/Committees/en/ContactUs>

Senators: <https://sencanada.ca/en/contact-information/>

WRITING TO AN MP

Logistics

- Include the date written for reference
- Ensure name and address is accurate (see contact links provided)
- E-mail is faster and may get more attention, but if you are sending a letter no postage is required when mailing to an MP
- Keep your letter brief and concise (1-2 pages)
- Include your name and contact information for appropriate follow up

Content

- Include the topic of interest immediately and state the purpose of your letter
- Add any personal and relevant experience regarding the issue at hand and why it is important to you
- Briefly provide any important facts/statistics that summarize the issue and its scope and relevance
- Address and provide thanks for any prior action that has been taken by the government or the MP regarding the issue (previous votes, commitments etc.)
- Clearly outline your request (passage of a bill etc.)
- Ask questions that clarify the MPs position as well as provoke a response
- Thank them for their consideration and request for follow up

Tone

- Be direct with your goals and your position
- Make use of your personal experience and how this issue impacts you and your community
- Speak knowledgeably about the topic, therefore ensuring your information is accurate is important
- Demonstrate that you are open for conversation and discussion, even about disagreements
- Remain respectful and show appreciation for the MPs role

Distribution

- Share your letter with multiple MPs
- Multiple letters are more impactful, therefore provide your template to your immediate advocacy network as well as other colleagues

References

https://cpa.ca/documents/advocacy_p5.htm

<https://cpj.ca/writing-a-letter-to-your-mp/>

SAMPLE CDPG LETTER TO THE PRIME MINISTER

April 3, 2019

Rt. Hon. Justin Trudeau
Office of the Prime Minister
80 Wellington Street
Ottawa, ON
K1A 0A2

Dear Prime Minister,

Canada is a country of reason and compassion, of civility and the common good. When it comes to creating public policy on guns, we strive to balance privilege and responsibility. Yet above all, public health and safety must prevail.

On February 11th, a group of physicians launched Canadian Doctors for Protection from Guns (CDPG) to call for comprehensive public policy access to address a growing public health crisis. I am a member of this group.

Doctors, along with other health professionals have witnessed firsthand the devastating physical and emotional trauma wrought by guns, from gender-based violence to suicide to accidental shootings of children.

Collectively, we have operated on children dying from accidental gunshots, held the hands of domestic violence victims shot by their abusers, and counselled the families of people who have taken their own lives by gun.

Death and injury by firearms are preventable tragedies.

I am joining CDPG to call for swift passage of Bill C-71, An Act to amend certain Acts and Regulations in relation to firearms, and a ban on handguns and assault weapons.

Guns represent a growing public health threat. Statistics Canada reports that firearm-related violent crime has increased 42% since 2013, and Canada has the 5th highest rate of firearm mortality among 23 countries of the Organization for Economic Co-operation and Development (Annals of Surgery, 2018). Women and girls are particularly vulnerable. Shooting was the most common method of their killing in 2018 at 34% according to the Canadian Femicide Observatory

for Justice and Accountability. There is an increased risk of suicide when guns are accessible as noted in a 2018 statement by the Canadian Pediatric Society.

Since launching this campaign, CDPG has been endorsed by prominent medical associations, supported by hundreds of doctors, nurses, paramedics, and other health professionals, and have appeared before the Senate Standing Committee on Public Safety and Defence studying Bill C-71.

Yet the campaign has also drawn the vitriolic ire of Canadian gun rights groups, who have engaged in online campaigns of harassment, launched frivolous complaints to the country's largest professional regulatory college, and released a disturbing video warning that doctors will "own" responsibility for children being shot and killed if a handgun and assault weapons ban is implemented.

This is the discourse and tactics of the National Rifle Association in the United States. Our history, culture, and politics are very different here. We need a made in Canada solution – and it starts with accepting that guns are a public health issue requiring action. Doctors and other health professionals have a long history of advocacy related to the health and well-being of our fellow citizens. We must treat guns the way we have treated other issues affecting public health, such as smoking and road safety.

I am asking you, the Prime Minister, to demonstrate courage and take decisive action to protect the safety of Canadians. I urge your government to pass Bill C-71 and to implement a ban on handguns and assault-style weapons quickly.

There is no time to lose. Thank you.

Sincerely,

SUBMITTING A PETITION TO THE HOUSE OF COMMONS

Another way to make contact with the government regarding your advocacy topic is to submit an official petition to the House of Commons. These petitions contain information to draw attention to any public issues at hand that are within the jurisdiction of the Parliament of Canada, the House of Commons, or the Government of Canada and exclude concerns that are provincial or municipal.

Petition Content

- Addresses either the House of Commons, the House of Commons in Parliament assembled, the Government of Canada, name of a Minister, or name of an MP
- A description of the issue at hand and the petitioner's opinion

- A request (formally termed a prayer) to the entity addressed to take specific action to rectify a grievance
- Signatures from other Canadian citizens

The petition must be authorized by an MP in order to be brought before the House of Commons for discussion. The MPs are responsible for presenting the petition, not the petitioner. Petitions can be submitted in either a paper or electronic format.

For more information on how to submit a petition to the House of Parliament:

<https://petitions.ourcommons.ca/en/Home/Index>

SAMPLE CDPG PETITION for BILL-C71

Petition to the Government of Canada

Whereas:

- Guns represent a serious and growing public health threat in Canada
- Firearm-related violent crime has increased since 2013
- There is an increased risk of suicide when guns are accessible
- This devastation effects communities throughout the country, from large urban centres to small towns to rural communities
- Canada's firearm mortality rate is 8 times that of the UK, Australia, Japan, and the Netherlands, all countries where strict gun control legislation exists
- Strict gun control leads to fewer gun-related death
- We are calling on policy makers to demonstrate courage and take decisive action to protect the public health and well-being of Canadians

We, the undersigned, call upon the Government of Canada to adopt the swift passage of Bill C-71 and enact a ban on handguns and assault-style weapons.

GRASSROOTS COMMUNITY ENGAGEMENT

Grassroots activism is when everyday people organize themselves to work for a cause that matters to them. This mode of activism is effective because it is based in the power of the collective: no one knows more about an issue than the people that experience it, and people coming together is how change gets made.

Benefits of grassroots advocacy (from [Grassroots Solutions](#)):

- Personal
- Interactive
- Local
- Energizing

- Scalable
- Sustainable
- Affordable

Core values for community engagement (from [Michigan State University](#))

- Sustainable community planning
- Collaboration
- Transparency
- Shared learning
- Direct, honest, communication

Stakeholders: These are people who will be affected by the changes sought by your activism. It is important to engage with them in order to include them in your decision-making process and course of action.

Identifying stakeholders: Using these tools, your organization can identify individuals and groups who should be considered in your activism, as well as the role they play in your cause and how they relate to each other.

- Power analysis (from [Management Sciences for Health](#))
- Influence-interest matrix (from [The Urban Mobility Observatory](#))
- Types
 - Primary stakeholders
 - Key actors
 - Intermediaries
- Some examples could include:
 - Government
 - Representatives of organizations/donor agencies
 - Community members
 - Professionals
 - Field experts
- Assessments
 - Needs of stakeholders
 - Potential conflicts between stakeholders, conflicts of interest
 - Potential coalitions

Day of Action: A day of action refers to a single day when your organization synchronously engages in some form of activism. The goal is to have a single day of coordinated, widespread activity that creates mass visibility and pushes your cause forward. Activities can include media interviews, phone-a-thons, meetings with politicians, demonstrations, and more.

CHANGE THROUGH EDUCATION AND MENTORSHIP

Once you have identified your goal, there are numerous things you can do to ensure your ideas are carried forward to produce success and to reach your goals over the long-term, particularly through education and mentorship.

CURRICULUM AND EDUCATION DESIGN FOR MEDICAL STUDENTS

Program Planning and Design

Determine the following:

- Population in question
- Nature of mentoring program that will be offered
- Purpose for your mentoring program
- Type of sessions you will hold
- Type of individuals you will mentor
- Goal of the program and outcomes expected of the mentors and mentees
- What type of mentors will you recruit?
- How often will they meet
- How will you promote your program
- How will you evaluate the success and progression of your program

Management of program

- Have an advisory group
- Create strategies for staff development
- Pro-mentoring efforts
- Public relations and communication efforts
- Monitoring the program

Operations of program

- Recruitment of volunteers, mentors and mentees
- Efficient screening protocols for volunteers, mentors and mentees
- Holding an orientation
- Effectively pairing up mentors and mentees
- Overlooking mentorship relationships
- Recognizing and supporting individuals in the program and their contributions

Evaluating the Program

- Create a measurement criterion to ensure success of program and its progression
- Measure expected outcomes

PROVIDING MENTORSHIP

What is mentorship?

- Aiding individuals or groups in achieving their goals
- Counselling individuals or groups and supporting them
- Can be individualized

- There are 5 types of mentorships: Group mentoring, team mentoring, peer mentoring, traditional one on one mentoring and online/e-mentoring

How can your mentorship be successful?

- Create a positive relationship between mentor and mentee
- Make it a long-term support system with consistency in mentorship
- Allow mentor and mentee to connect on a personal level with shared interests

References Used:

<https://www.dovepress.com/medical-student-mentoring-programs-current-insights-peer-reviewed-fulltext-article-AMEP>

https://www.mentoring.org/wp-content/uploads/2019/11/Full_Toolkit.pdf

https://issuu.com/ifmsa/docs/amc_toolkit

Useful links:

<https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf>

CONCLUSION AND CASE STUDY

“When the world is silent, even one voice becomes powerful.”- Malala Yousafzai.

Advocacy is an integral part of bettering our world. To be an effective advocate, we must learn key advocacy skills. We hope this toolkit provided you with clarity and structure in your advocacy plan.

To summarize the main contents of this toolkit to be an effective advocate: identify your goal, define success, build a team, determine advocacy methods, and identify key stakeholders you need to influence. During your advocacy, monitor and evaluate your advocacy methods.

Together, we can improve our world, one advocate at a time.

Good luck with your own advocacy!

For more information or assistance please contact:

Christopher Holcroft

Empower Consulting

Advocacy and Communications Consultant to Canadian Doctors for Protection from Guns

416-996-0767

christopherholcroft@hotmail.ca

CASE STUDY: CDPG’s Advocacy for Firearm Policy Change in Canada

Reference ([Ng-Kamstra and Lajoie 2020](#))

ISSUE:

From 2000 to 2018, 14,000 individuals in Canada died from firearm injuries. In regards to this issue, Dr. Najma Ahmed and CDPG is a successful example of putting the advocacy strategies from this toolkit in action. After treating victims of the July 22nd 2018 Toronto shooting incident where a gunman killed two girls and injured 13 others, Dr. Ahmed identified a social issue she wanted to see changed: firearm violence.

WHAT NEEDED TO BE DONE:

Dr. Ahmed put together a team of health care advocates, now known as CDPG. To target gun violence, the CDPG team identified we need a multidimensional approach which focuses both policy change regarding weapons, in addition to addressing the sociodemographic bias (poverty, mental illness, racial discrimination, and social isolation) which contributes to firearm injury.

STEPS FOR ACTION:

Research

The CDPG team began by researching the issue. They reviewed published studies, media, current legislation, federal political parties position on firearms, and arguments from the opposing side supporting firearms.

Establishing Partnerships

Following extensive research, CDPG established a network of support with fourteen national and provincial medical organizations. This included the Canadian Association of General Surgeons, the Ontario Medical Association and the Trauma Association of Canada.

Working with Policy-Makers at the National Level

This strong foundation enabled CDPG to network and speak directly with policy makers in Ottawa. CDPG advocated for Bill C-71, a bill which sought to increase the strictness of gun laws, however had been under debate for a while. In 2019, CDPG declared their position to the Standing Senate Committee on National Security and Defence. CDPG also organized a National Day of Action where 1000 individuals and various media outlets came together to support Bill C-71. Finally, in 2019 Bill C-71 was passed.

CDPG did not stop there, as their goal was to ban weapons, rather than restrict them. CDPG continued their battle by working with political parties and declaring emphasis on the idea that firearms are a public health issue. Through CDPG's use of polls, CDPG was able to demonstrate that the majority of Canadians support a weapons ban. Thus, it is not surprising The Liberal party's platform for the 2019 federal election focused on stricter gun measures.

After the 2020 Nova Scotia attacks where 22 people died from assault weapon related deaths, CDPG and other anti-gun organizations wrote an open letter to the Minister of Public Safety calling for an immediate assault weapons ban. On May 1st, Prime Minister Justin Trudeau announced an assault weapons ban in Canada.

Measuring Success

While CDPG has succeeded in policy change, underlying goals such as addressing the social determinants of gun violence, has yet to be accomplished in Canada. CDPG continues advocating for these issues today using the skills and strategies addressed in this notebook.

APPENDICIES

Canadian Medical Education Journal – What knowledge is needed? Teaching undergraduate medical students to “go upstream” and advocate on social determinants of health

[Can Med Educ J](#). 2020 Mar; 11(1): e57–e61.

Published online 2020 Mar 16. Prepublished online 2019 Nov 1. doi: [10.36834/cmej.58424](https://doi.org/10.36834/cmej.58424)

PMCID: PMC7082477

PMID: [32215143](https://pubmed.ncbi.nlm.nih.gov/32215143/)

Language: [English](#) | [French](#)

[Kate Hayman](#),^{1,2} [Mei Wen](#),² [Farooq Khan](#),^{1,2} [Tracey Mann](#), [Andrew D. Pinto](#),^{3,4,5,6} and [Stella L. Ng](#)^{7,8}

[Author information](#) [Copyright and License information](#) [Disclaimer](#)

Abstract

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Background

Upon completion of training, Canadians expect our physicians to respond to community needs and advocate for change both within and beyond the immediate clinical environment.¹ Effective advocacy requires knowledge in addition to the traditional medical repertoire including skills that must be taught and practiced.² However, we rarely teach students the knowledge and skills necessary to engage in policy change that would improve the social determinants of health (SDOH) of patients.³ When we teach the SDOH as content to be learned, rather than inequitable conditions to remediate, educators risk perpetuating the inequities they may seek to change.³ Acquiring the knowledge and skills to advocate and influence policy might prepare students to *act on* healthcare inequities in an informed manner, rather than simply *to know* them.^{4,5}

Prior studies have described curricular interventions designed to teach advocacy skills such as editorial writing⁶ and writing letters to the editor.⁷ However, researchers did not examine the content or the quality of the written pieces. Also, the topics that students chose (e.g. pool safety, choking hazards, vaccine refusal) suggested that their understanding of advocacy was focused on (individual) behavior change rather than addressing the structural determinants or resolving

inequities.^{7,8} Other efforts to teach advocacy, such as Political Action Days, teach students how to influence elected officials around concerns of the profession (e.g. medical student debt). These sometimes do not focus on addressing health inequities.⁹

Based on the current gaps in advocacy education—an identified basis of knowledge and skill, and a lack of attention to systemic and structural factors—we chose to develop an educational initiative based on MetzI and Hansen’s Structural Competency paradigm. This initiative includes five intersecting knowledge and skill-sets, including recognizing the structures that shape clinical interactions, developing an extra-clinical language of structure, rearticulating “cultural” formulations in structural terms, observing and imagining structural interventions, and developing structural humility.¹⁰ This framework has been utilized by educators in pre-health curriculum,¹¹ pre-clinical education,¹² and as a checklist by clinical trainees.¹³ Within this framework, we developed and piloted a brief curricular intervention to allow medical students to practice advocacy.

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Methods

Our study protocol received approval from the University Health Network Research Ethics Board (17-5068). Our goal was to recruit a convenience sample of second year (pre-clinical) medical students at the University of Toronto (Toronto, Canada) to participate. We obtained written consent from each participant prior to participation in the study. Using MetzI and Hansen’s structural competency framework, we designed and piloted a three-hour workshop designed to equip attendees with skills in advocacy and policy change.¹⁰ The workshop utilized case-based learning, using the example of local advocacy by physicians to address precarious employment. We asked students to identify a topic and target for advocacy. Students received two assignments: to participate in a group deputation to a hypothetical policymaker about their topic, and individually to write an opinion editorial. After the workshop, we invited students and facilitators to participate in semi-structured focus groups and provide feedback on the experience of the workshop. We recorded all deputations and focus groups and transcribed them verbatim.

Our analysis focused on understanding how the intervention influenced students, exploring the outputs of the assignments using the lens of structural competency, and to identify opportunities for improvement. Two research assistants coded all transcripts of the deputations and focus groups, and the written assignments, using Microsoft Word (Version 16.22, Microsoft 2019). The five components of MetzI and Hansen’s structural competency paradigm informed our initial coding framework.¹⁴ Additional codes emerged as two research assistants analyzed the transcripts, and the entire study team identified key themes through consensus.¹⁴

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Results

We recruited nine medical students to participate in the workshop on policy-level advocacy in October 2017. Eight students completed at least one of the assignments and five students completed both the assignments. Seven of the nine participating students had previous advocacy experience, and all participants identified as women. We will present our findings according to what students chose to do, how the elements of structural competency per MetzI and Hansen were demonstrated (or not) through their assignments, and the students’ feedback on the educational experience.

What students chose to do

In groups, students performed deputations targeting varied stakeholders. Students required some guidance as to who precisely would be the best target, i.e. would actually have authority over the policy that needed to be changed. One group targeted a municipal Community Development and Recreation Committee seeking improved data collection for deaths among homeless persons. A second group targeted Members of Provincial Parliament seeking expansion of public health insurance to uninsured students. A third group targeted a committee of the federal government regarding national Pharmacare. Opinion-editorial topics included addressing homelessness, improving refugee health, the relationship between opioid misuse and poverty, and addressing domestic violence.

How structural competency manifested in students' work

Students produced outputs with appropriately referenced facts about the SDOH paired with narratives that emphasized the importance of the issue. For example, in an opinion editorial about the opioid crisis, the writer identified a higher minimum wage and access to subsidized post-secondary training as structural factors that might have helped prevent one patient's addiction to opiate medications. The students presented evidence with structural humility, for example, during a deputation a student stated: *"We are not experts in policy or public health, nor have we personally experienced homelessness, but as medical students, we have already observed how gaps in healthcare provision lead to bad outcomes for homeless individuals."* Students were able to imagine how interventions could address structural causes of ill health and presented potential solutions to barriers that would be faced in both the written and oral outputs.

Students' feedback on the educational initiative

Students valued the aspects of the workshop that focused on building skills in oral and written communication. These aspects differentiated the intervention from existing curriculum. One student stated *"We're often just vaguely taught that advocacy is a CanMEDS role for example, so my expectation was how to actually [...] develop that skill, which the session did a good job of doing."*

Learning the "logistics" of advocacy work, such as how to identify the right stakeholders to engage with and how to approach them, emerged as key to advocacy on SDOH. For example, a participant reflected that *"what could be improved was looking at the logistical sense of advocacy and being aware of the administrative steps."* Students lacked knowledge on how to depute and how to take an op-ed from an idea through to publication. After the exercise, one student stated: *"How do you even go to a deputation, where do you go, who do you get involved with..."* Another student reflected *"will I ever be able to do this, because I don't know where to start?"*

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Discussion

In developing this intervention, we focused on applying a structural competency framework as a theory-based guide to advocacy education – one that could provide a foundation of both knowledge and skill – and selected assignments/assessments that could test whether students were able to transfer this knowledge and skill to a relevant structural advocacy situation. We asked students to produce an advocacy output (i.e. a deputation and an opinion-editorial) with some guidance about how to structure these outputs. Student did target structural advocacy as

opposed to individual, so this shows some improvement upon prior interventions; students also demonstrated elements of structural competency, lending support to MetzI and Hansen's framework. However, students lacked some requisite knowledge and were left with a sense of still not knowing what to do.

Our study findings and limitations lead us to important discussion points about the underlying knowledge required as part of advocacy training. Most of our students had previous advocacy experience and already demonstrated an understanding of structural determinants of health; hence our findings may not be generalizable to all medical students. Our participants all identify as women and are at a similar early point in their training, which might also limit the generalizability of findings. We assumed that medical students had an understanding of the organization of the health system, including political, economic, and social structures that impact the social determinants of health. We also assumed that students would be able to identify the targets of advocacy, including government committees, policymakers, the public or community stakeholders. These assumptions related to underlying knowledge that would be required to engage most effectively with advocacy. MetzI and Hansen's framework provides a theory about advocacy, but a foundation of knowledge is required for specific acts of advocacy. Future work would need to identify such knowledge and – while perhaps unrealistic to teach all such knowledge within medical school – provide students with paths to acquire such knowledge before engaging in advocacy.

Canadian medical students should graduate capable of communicating with the public and stakeholders (for example, through op-eds and deputations), and capable of identifying appropriate stakeholders at varied levels of government.¹ However, the structures governing the health system and social determinants of health in Canada are complex and often confusing to health practitioners. In a study by Kuper et. al. on the non-bioscientific knowledge required for medical training, participants suggested that medical learners should be taught about public policy, policy change, and legislative process.¹⁵ Increased educational experiences that include skill-development in navigating and acting on the political and social structures affecting the social determinants of health would need to be integrated with requisite knowledge. For example, Lucey's proposed addition of social, economic and behavioural sciences as basic sciences required for the development of expertise.¹⁶

Conclusion

The next generation of physician advocates require knowledge from many disciplines, fields, and sources, including biomedical, social, personal, and practical. The MetzI and Hansen structural competency framework provides a useful guide for advocacy education focused on advocacy skills. However, given research that demonstrates the importance of basic knowledge in supporting ongoing learning and practice within dynamic systems, we suggest additional attention to the basic knowledge required to engage in specific advocacy efforts.¹⁷ Advocacy skills training may be required to ensure that medical students can address structural factors perpetuating inequities. Nevertheless, skills training alone is likely insufficient for Canadian medical students to fully embody the role of physician-advocate. Instead, we should teach these practical skills in integration with relevant underlying knowledge about health systems, health policy, and the SDOH.

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